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APPLICANTS

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** CONTINUING DATA ***** NONE *for paper*** FOREIGN APPLICATIONS ***** NONE *for paper*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance	STATE OR COUNTRY TAIWAN	SHEETS DRAWING 3	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
Verified and Acknowledged	<i>RRP</i> Examiner's Signature Initials				

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TITLE

Contact lens cleansing unit

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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